

**Gaming Control Board
Cannon Bldg., Suite 203
861 Silver Lake Blvd.
Dover, DE 19904**

ORIGINAL APPLICATION FOR CONDUCTING A RAFFLE

1. Name of Applicant: _____
2. Address (also state mailing address if different): _____

3. Legal Status of Applicant (i.e., corporation, unincorporated association): _____

4. Date applicant began existence: _____
- 5a. Is the applicant a volunteer fire company, veterans, charitable or religious organization, or fraternal society? ____YES ____NO. If the answer is YES, you should check the appropriate category:
____ Volunteer Fire Company ____ Veterans organization ____ Religious organization
____ Charitable organization ____ Fraternal society (Please note that under the Delaware Constitution and Delaware law, the board can only license volunteer fire companies, veterans, charitable or religious organizations, or fraternal societies).
- 5b. Please provide a copy of a letter of exemption from the Internal Revenue Service under Section 170, or Section 501 (a) or 501 (c)(3). NOTE: If you are relying on the exemption of a parent organization, you must submit a letter from your parent organization specifically stating that your organization is properly affiliated and permitted to hold this raffle.

If you do not have a letter from the Internal Revenue Service verifying your status as a tax-exempt organization, you can contact the IRS:

IRS Service Center
11601 Roosevelt Blvd.
Philadelphia, PA 19154
(877) 829-5500

- | | | |
|--------------------------|---------|--------------|
| 6. Officers of Applicant | | |
| NAME | ADDRESS | PHONE NUMBER |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IMPORTANT NOTICE: Check or Money Order for \$15.00 payable to the "State of Delaware" made payable to the State of Delaware, for each license requested must accompany this application.

7. The maximum number of tickets to be sold: _____

8. Cost for each raffle ticket: _____

9. What prizes will be awarded:

DESCRIPTION	RETAIL VALUE
_____	_____
_____	_____
_____	_____

10. The date that the prize(s) will be awarded: _____

11. The exact nature of the charitable purpose(s) for which the proceeds will be used: _____

12. Name and address of the record keeper in charge of the raffle:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEMENT OF APPLICANT AND MEMBER (S) IN CHARGE.

STATE OF DELAWARE)

) SS.

County of _____)

The undersigned to hereby state under penalty of perjury that all statements in the foregoing application are true and correct; that the undersigned member or members in charge of the raffle are all of good moral character and have not been convicted of crime involving moral turpitude; that if a license is granted hereunder, the undersigned member or members in charge will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State, the license, and the rules and regulations of this Board governing the conduct of such raffles.

Signature of Office and Title

Member in Charge

Member in Charge

Member in Charge

For Board office use only:

License Number: _____

District: _____

(Wilmington, New Castle, Kent or Sussex)